PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/763393

CLAIMS AS FILED - PART I												
Ţ	OTAL CLAIMS		(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THA	
						~ ***		RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E	OR	BASIC FEE	860
TOTAL CHARGEABLE CLAIMS			රිබ minus 20=		·			X\$ 9=		OR	XS18=	576
INDEPENDENT CLAIMS			2017 minus 3 =		16			X40=		OR	X80=	- '0
MULTIPLE DEPENDENT CLAIM PRESENT								1125	1	1		
* If the difference in column 1 is less than zero, ent					"0" in c	olumn 2	•	+135=	<u> </u>	OR		1980
CLAIMS AS AMENDED - PA								TOTAL	<u> </u>	JOR	TOTAL	2716
	T	(Column 1)	. (Column 2) (Column 3)					SMALL	EMITTY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 25	Minus	. 5	2	=		X\$ 9=		OR	X\$18=	-
AM	Independent FIRST PRESE	NTATION OF ML	Minus	··· 20	©	-		X40=		OR	X80=	
_	1		+135=		OR	+270=						
								TOTAL			TOTAL	
		(Column 1)		(Colum		(Column 3)	Al	DDIT. FEE		, - · · Þ	NDDIT. FEE	
MENTE		CLAIMS REMAINING AFTER AMENDMENT	HIGHE NUMB PREVIOU PAID F		ER PRESENT USLY EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMEN	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	
AME	Independent	ITATION OF L	Minus	FAIDENIT.	21 4 2 2 2	= .		X40=		OR	X80=	
	inoi rhebel	NTATION OF MU	LIPLE DEP	ENDENT	CLAIM			+135=			+270=	
•	٠.					•	L	TOTAL	•	OR	TOTAL	
		(Column 1)		(Calue	n 2)	(Column 2)	A	DDIT. FEE		OR ,	ODIT. FEE	
, [Transfer Contract		- 24 st	(Colum	ST	(Column 3)	_		ADDI	. F		4000
	er Beginner	REMAINING AFTER AMENOMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total		Minus	••		=		X\$ 9=		OB	X\$18=	FEE
: L		l	Minus	***		=	-	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
#135= OR +270=											-	
- 11	the Highest Num	ber Previously Paid ber Previously Paid	d For IN THIS d For IN THIS	SPACE is I	ess than	20, enter "20."	•	OIT. FEE			DOIT. FEEL	
	he Tighes! Numb	er Previously Paid	For (Total or I	Independen		ighest number	lound	in the app	ropriale box	in colu	mn 1.	